

Department of Fiscal Services
Maryland General Assembly

FISCAL NOTE

Senate Bill 157 (Senator Stone)
Economic and Environmental Affairs

Mental Health Records - Disclosure to Primary Caregivers

This bill requires primary providers of mental health services to ask a recipient of services for consent before disclosing “limited mental health information” to the recipient’s “primary caregiver”, if the primary caregiver requests such information. It also specifies procedures to be followed if a recipient does not consent to disclosure. A primary caregiver is authorized to appeal a decision of a mental health service provider to the Director of the Mental Hygiene Administration. The Department of Health and Mental Hygiene (DHMH) is authorized to adopt regulations to implement the provisions of this bill.

Fiscal Summary

State Effect: General fund expenditures could increase by \$20,500 to \$39,300 in FY 1997. The lower estimate is reflected in the box below. Future year expenditures increase with annualization and inflation. Revenues would not be affected.

(in dollars)	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
GF Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditures	20,500	27,500	28,500	29,500	30,600
Net Effect	(\$20,500)	(\$27,500)	(\$28,500)	(\$29,500)	(\$30,600)

Note: () - decrease; GF - general funds; FF - federal funds; SF - special funds

Local Effect: None.

Fiscal Analysis

State Expenditures: General fund expenditures could increase by an estimated \$20,525 to \$39,300 in fiscal 1997, which reflects the bill’s October 1, 1996 effective date. This estimate reflects the cost of hiring a part-time Physician Administrator to rule on appeals made to the

Mental Hygiene Administration Director. The lower estimate reflects 30% of a full-time position and no travel, i.e., all parties in a dispute will travel to Baltimore for the Physician Administrator to rule on the appeal. The higher estimate reflects 50% of a full-time position and includes travel time and travel costs for the Administrator for the 50% of cases assumed to originate outside the Baltimore area. The bill is silent as to whether appeals would be heard in Baltimore, where the Mental Hygiene Administration is located, or in other areas of Maryland.

Under both the low and high end estimates, it is assumed that (1) each case will take approximately two hours to resolve; (2) 312,000 Marylanders are receiving mental health services from primary providers of mental health services; (3) of the 312,000, primary caregivers might request mental health information in 10%, or 31,200, of the cases; (4) of the 31,200, 10%, or 3,120, might result in a recipient not consenting to disclosure; (5) of those, 10%, or 312, might result in an appeal to the Mental Hygiene Administration Director; and (6) 312 cases x 2 hours each equals 624 hours. The information and assumptions used in calculating the estimate are stated below:

- the specialty mental health sector (as opposed to the general medical sector) provides treatment to approximately 6% of the U.S. population;
- Maryland's population in 1997 is anticipated to be 5.2 million; and
- 6% of 5.2 million is 312,000 individuals.

Future year expenditures reflect full salaries with 3.5% annual increases and 3% employee turnover.

Information Source(s): Department of Health and Mental Hygiene (Mental Hygiene Administration); Mental Health Association of Metropolitan Baltimore; U.S. Department of Health and Human Services (Center for Mental Health Services); *The de Facto U.S. Mental Health and Addictive Disorders Service System*, (Regier, et al.) Archives of General Psychiatry, 50:85-94, February 1993; *Health Care Reform for Americans with Severe Mental Illnesses: Report of the National Advisory Mental Health Council*, The American Journal of Psychiatry 150:1447-1465, October 1993.

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